NHS CONFEDERATION MEMBER BRIEFING: FRANCIS

With the Government's full response to Francis expected shortly, this briefing provides a short summary of points to look out for, the work that the Confederation has done, Government’s actions so far and a brief reminder of the findings of the Inquiry itself.

What to look out for in the Government’s response

- Raising concerns: clearer procedures and greater openness regarding complaints
- Patient safety: measures to help spread best practice, guidance on safe staffing levels as well as greater openness about what they are, and extension of the Friends and Family Test
- Openness and transparency: duty of candour on organisations as well as increased requirements to publish information, for example on complaints or patient safety incidents
- Accountability: measures introducing further legal sanctions, for example on neglect or providing false or misleading information, alongside greater regulation through a ‘fit and proper person’ test for managers
- Care and compassion: we can expect a greater role for the NHS Constitution along with a response on the Cavendish recommendation to introduce a certificate of fundamental care
- Bureaucracy: the Government’s response to our recommendations

NHS Confederation Top Ten Actions

1. We held an influencing roundtable with the Francis Inquiry team and members ahead of publication of the Government's interim response. We argued that more regulation should not be seen as a panacea to the problems highlighted at Mid Staffs. Our member survey in May 2013 showed that 91% of you had already set out how you planned to respond to the Francis Inquiry's conclusions.

2. Our review of bureaucracy, commissioned by the Secretary of State, looks at the burden from the national bodies on providers of NHS care and the final report will be published as part of the Government's full response to Francis. In putting our report together we have worked closely with a number of our members. The report makes thirty practical recommendations to help tackle the volume of data, reduce the effort it takes to gather it, and to increase the value the NHS gets out of it.

3. Over the past nine months we have been briefing parliamentarians on aspects of the Care Bill that will affect members and have arranged private meetings with the shadow Labour health team on Part One and Two of the Bill. In particular, we have emphasised the importance of CQC and Monitor working closely together, and that change should not be pushed through in a crisis. We are also working with partners to clarify the impact of new amendments relating to Trust Special Administrators.

4. We are working with the Royal Colleges to explore what is needed to support clinicians and managers within the NHS to work together to balance finance and quality.

For more information please contact Ruth Gripper on 0207799 8604 or email ruth.gripper@nhsconfed.org
5. We worked with the fourteen trusts investigated under the Keogh review, hosting an event with the CQC and Foundation Trust Network in October. The key themes to emerge from the discussions included: the importance of accurate reporting; an open and transparent approach to feedback from inspections; the need for clarity around local and national responsibilities in areas such as performance management.

6. We have held a number of member seminars to discuss the recommendations from Francis and the Government's initial response, including a seminar with the CQC to involve members in the development of provider ratings. The Confederation submitted a robust response to the CQC's consultation on behalf of our members and convened representatives from across the system to examine the issues surrounding the introduction of a ratings system. We will continue to work closely with the CQC as it implements the new regulatory approach.

7. NHS Employers are working with Health Education England on values-based recruitment into health education and employment, to help organisations embed the right values, attitudes and behaviours.

8. Associate Director Karen Castille has led work on women leaders in the NHS, to promote different styles of leadership and a more diverse presence on boards that more accurately reflects the mix of staff in the NHS.

9. The Confederation fed into the review of the NHS hospitals complaints system led by Rt Hon Ann Clwyd MP and Professor Tricia Hart. We were one of 12 'major players' to make a pledge in the final report, by committing to bring NHS leaders together to identify and share good practice about complaints handling in hospitals.

10. Our Dignity Partnership (with Age UK and the LGA) is entering a second phase, with funding from the Burdett Trust to explore how nursing and care staff can be better supported in listening to and learning from older patients. Six members have already expressed an interest in becoming pilot sites for this work.

Government Action Post-Francis

- Completion of reviews looking at patient safety, bureaucracy, complaints and feedback and healthcare assistants.
- Development of Ofsted-style ratings and appointment of three Chief Inspectors, with the first hospital inspections under the new regime underway.
- An inspection programme looking at hospitals with the highest mortality rates, led by the NHS Medical Director - resulting in 11 Trusts being placed into special measures.
- A single failure regime to cover both quality and finance, implemented through the Care Bill.
- New proposals relating to Trust Special Administrators, also included in the Care Bill.
- Consultation on a draft national Vulnerable Older People's Plan.
- New amendments added to the Care Bill on strengthening the independence of CQC.
- DH senior staff and Ministers are undertaking work experience on the frontline of the NHS.
- The launch of a leadership programme, aimed at recruiting clinicians and external candidates to senior NHS jobs.

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Main Messages from Francis

- Mid Staffs was a system failure, as well as a failure of the organisation and individuals
- The NHS (collectively and individually) must be held accountable for when things go wrong - from ward to board level
- A fundamental change in culture is required across the whole of the health service
- Change will not result from "top down" pronouncements or significant reorganisation of the system
- Need to secure the engagement of every single person serving patients in the change that needs to happen
- No single recommendation in the Francis report should be regarded as the solution to the many concerns identified.

The Government's Initial Response

Preventing Problems
- An elite fast track programme for talented leaders outside the NHS and an MBA-style programme for clinical leaders
- Clinical advice to be at the heart of the Department's work
- NHS Commissioning Board to adopt the name 'NHS England'
- The CQC to draw up a new set of simpler fundamental standards

Detecting Problems Quickly
- CQC to develop an aggregated Ofsted-style ratings system for hospitals
- Consult on a national barring list for unfit managers
- Develop a new model of inspection with 'expert' inspectors
- 'Outstanding' hospitals to receive fewer inspections

Taking Action Promptly
- A statutory duty of candour for providers but not individuals
- A new time-limited three stage failure regime covering quality and finance - to be initiated by the Chief Inspector for Hospitals

Ensuring Robust Accountability
- All NHS hospitals to set out how they intend to respond to the Inquiry's conclusions before the end of 2013
- Creation of new roles of Chief Inspector of Hospitals and Chief Inspector of Social Care

Ensuring Staff are Trained and Motivated
- NHS Employers to work on new model performance frameworks for staff
- Pay progression to be more closely linked to performance
- Starting with pilots, every student who seeks NHS funding for nursing degrees to serve up to a year as a healthcare assistant beforehand
- The response highlights the importance of acting on feedback from staff and patients to help enhance the quality of care.

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